



# ROCHESTER

*Minnesota*

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## ETHICS ORDINANCE DISCLOSURE FORM



AARON S. REEVES, ICMA-CM  
City Clerk  
201 4th Street SE, Room 135  
Rochester, MN 55904-3742  
(507) 328-2900  
FAX (507) 328-2901

NAME: Audrey Marie Erickson  
ADDRESS: 312 1<sup>st</sup> Ave NE  
CITY, STATE, ZIP CODE Rochester, Mn. 55906-4452

1. What is the name of your position, title or job title?

Member, Current Chair of Ethical Practices Board

2. Is this an employed, appointed, or elected position?

Appointed

3. What is the name of the City department in which you are employed, or City board, commission or elected body on which you serve?

Ethical Practices Board

4. When were you hired, appointed or elected to this position?

May 1, 2011

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood or marriage relationships or close business or political association or other personal relationships. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

Ethics Ordinance  
Disclosure Form  
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5. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

None

6. Please list any interests you have in a business doing business with the City.

None, other than a Mayo Clinic employee

7. Please list any interest you have in any business located within, or doing business in, the City.

None

8. List any and all employment.

Mayo Clinic

9. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

Mayo Clinic employee

I hereby certify that the above information is complete and accurate.

Audrey Sicilben  
Signature

Feb. 10, 2014  
Date

Please mail completed and signed form to:  
Aaron S. Reeves, ICMA-CM, City Clerk, City Hall, 201 4<sup>th</sup> Street SE, Room 135  
Rochester, MN 55904-3742  
2/3/14